

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51			
2							52			
3							53			
4	/		/				54			
5							55			
6							56			
7	/		/				57			
8							58			
9							59			
10	/		/				60			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	5		6				TOTAL IND.			
TOTAL DEP.	6		9				TOTAL DEP.			
TOTAL CLAIMS	11		15				TOTAL CLAIMS			